

RECEIVED
CENTRAL FAX CENTER**APR 13 2006****VIA FACSIMILE NO.: 571-273-8300****PATENT**
HSD01 P-100A**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial No. : 10/708,770 Confirmation No. 2769
Applicants : Harold W. Steele and Phillip A. Tanis
Filing Date : March 24, 2004
Group : 1722
Examiner : Luk, Emmanuel S.
For : UNIVERSAL LIFTER FOOT ASSEMBLY FOR REMOVAL
OF CORE BLOCK FROM MOLD
Attorney Docket No. : HSD01 P-100A
Customer No. : 28101

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. RESPONSE (14 pages)
2. CLAIMS AS AMENDED form (1 page, in duplicate)

YOU SHOULD RECEIVE A TOTAL OF SEVENTEEN (17) PAGES.

Dated: April 13, 2006.

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FSB:djr
HSD01 P-100A

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 15	Minus	** 18	= 0	x \$ 25	\$ 0	x \$ 50	\$ -
Independent Claims	* 3	Minus	*** 3	= 0	x \$100	\$ 0	x \$200	\$ -
First Presentation of Multiple Dependent Claims \$180						\$ 0	x \$360	\$ -
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0		\$ -

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

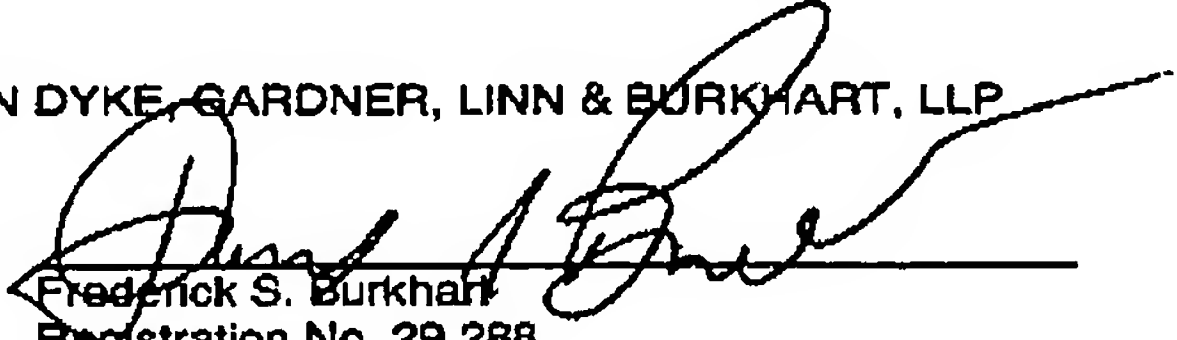
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☒ No additional fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Dated: April 13, 2006

By:


 Frederick S. Burkhardt
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 P.O. Box 888695
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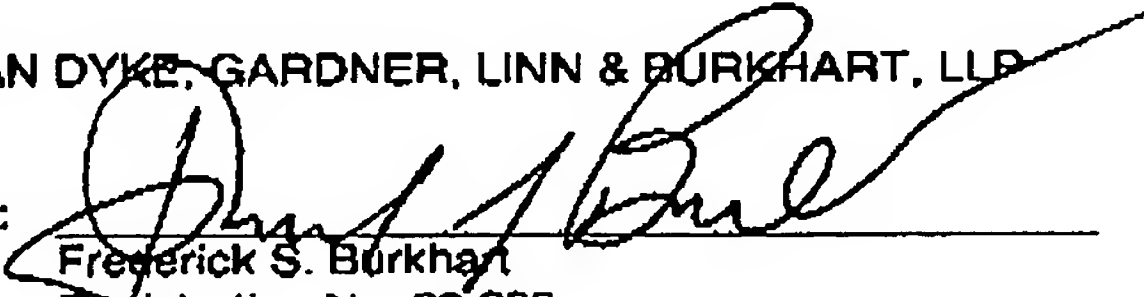
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RESPONSE

This is in response to the Office Action mailed January 13, 2006.

Amendments to the specification begin on page 2 of this paper.

Amendments to the claims are reflected in a listing of claims which begins on page 5 of this paper.

Remarks/Arguments begin on page 9 of this paper.